Leg Club: caring for contact dermatitis

PATIENTS COMMUNITY
PRACTICE AND DISTRICT NURSES
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Irritant contact dermatitis occurs in people with sensitive skin. Plant products cause various adverse skin effects, and are responsible for most cases of allergic contact dermatitis (Crawford, 2019).

Mrs SP had developed a right leg ulcer that had persisted for 3–4 years. It appeared after contact with a flower in a garden. She described her legs as 'pouring water' following contact. She slept in an armchair at night and thought the central heating had failed but found that it was fluid pouring out from her leg. Mrs SP cared for her wound herself for 2 years, applying cream to the wound. If she applied anything to the wound, it would become yellow (*Figure 1*). Her leg was highly sensitive to the cream or material that was applied, as indicated by the very straight demarcation of redness around the wound in *Figure 1*. This is typical of contact dermatitis.

Mrs SP was referred to the practice nurse by her GP, but very little changed despite the care provided. She was then referred to the local hospital, where the wound improved but did not heal.

Mrs SP was diagnosed with diabetes and was prescribed insulin, on which she unfortunately overdosed. She was transferred to the specialist unit of a large hospital for its expertise. The medical team was shocked when they realised how many drugs she was taking, and they took her off of all medication. For 12 months, she received no insulin therapy.

Supplied by author

Figure 1. Leg ulcer due to contact dermatitis

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Mrs SP said referral to her local Leg Club was 'the best thing to happen to me'. On admission to the Leg Club, her skin was found to be dry and scaly, and she had ankle flare and hyperkeratosis but no pain. The capillary refill time was 3 seconds, which is acceptable, and her pulses were triphasic. The ankle brachial pressure index was 9.2, which meant there was no arterial involvement.

The treatment recommended was strong steroid ointment until the contact dermatitis was under control. With appropriate dressings and hosiery (*Figure 2*), the wound healed within 6 weeks.

Mrs SP stated:

'The Leg Club has certainly helped me. You have attention and someone to talk to. I really like being independent, but this is not always possible. Certainly, the two years when I cared for my own wound, it deteriorated. Had I been referred to Leg Club immediately, I would not have had the 4 years of misery. Now, I can attend Leg Club when I wish to socialise, and my skin does break down sometimes, but Leg Club is always there to support me. I am very grateful. It is also lovely to have such wonderful volunteers who ensure there is a cup of tea and biscuits and that I can sit and chat to other Club Members.'

Leg Clubs are far more than a wound clinic. They are places where expertise in wound healing is applied alongside meeting the very important social needs of the individual. Leg Clubs provide extremely important support to the local community. CWC

Crawford G. Botanical dermatology. Medscape. 2019. https://tinyurl.com/y8ae9869 (accessed 11 May 2020)

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Figure 2. Applying hosiery at the Leg Club

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